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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOOL		DIVISION OF				
1. Corporatio	MENT # N161;	37 (4)				
THE L	AST RESORT, INCORPOR	ATEN				
1116 6	AUT HEOUTH, INCOMEON	AILU		1 1888 (181 AN) 316 (B \$118) 118 (B \$111 \$18)	EL BIBLO BURIN BURNI BOBIL B	
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Principal Place	e of Business	Mailing Address		1 (801)181 DOI (1818 D)181 11888 (11)1 10)		III II 01911   1991
% PATRICIA		% PATRICIA A. REBB				
RT. 4 BOX 4		RT. 4 BOX 4094 MONTICELLO FL 3234	4	·		
MOITINEELL	J 1 L 02044	MONTIVELLO PL 3234	•	3. Date Incorporated or Qualified	3a. Date of Last F	
A Discoulable	V			07/30/1986	04/14/19	95
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-2767328	<del></del>	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		33 2101320	<del> </del>	ot Applicable Additional
2		27		5. Certificate of Status Desired		lequired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution		to Fees
Zip 4	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Inte		199.032,
71	9. Name and Address of Curr		30	Florida Statutes  10. Name and Address of New Reg	Yes No	
			81 Name			
REBB, PATRICIA A.			82 Street Add	dress (P.O. Box Number is Not Acceptable)		·
RT 4, BOX 4094			Oz Sireet Add	areas (1.10. Dox 140111001 is 1401 Pacceptable)		
MONTIC	ELLO FL 32344		83			
			84 City		85 Zip	Code
44 . D					FLII	
or registe	red agent, or both, in the State of Fi	onda. Such change was authoriz	ed by the corporation's boa	oration submits this statement for the purpo and of directors. I hereby accept the appoin	tment as registered a	gistered onice agent. I am
familiar w	red agent, or both, in the state of Hi rith, and accept the obligations of, Se Signature, typed or printed name of registered ag	onda. Such change was authorized on 617.0503, Florida Statutes ent and title If applicable. (N	ed by the corporation's boa	ard of directors. I hereby accept the appoint	tment as registered a	agent. I am
familiar w SIGNATURE	red agent, or both, in the state of Fi fith, and accept the obligations of, Se Signature, typed or printed name of registered ag	onda: Such change was authorizoction 617.0503, Florida Statutes ent and bits If applicable.  (N  ND DIRECTORS	DTE: Registered Agent signature require	ard of directors. I hereby accept the appoint	tment as registered a	RS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped or on an attachment with an address.

904997-1777